

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042526

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

5889

STATE FILE NUMBER

FILED DEC 10 1962

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Kansas CityLength of stay in 1b  
60 Yearsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 4521 Liberty StreetInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Jackson

c. CITY  
OR  
TOWN Kansas CityInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS 4521 Liberty StreetReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

B R O E R

I.

C A R L S O N

4. DATE  
OF  
DEATH

Month

Day

Year

November 21, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

5-25-1883

## 9. AGE (last birthday)

79

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Tailor10b. KIND OF BUSINESS OR INDUSTRY  
Own Tailor Shop11. BIRTHPLACE (City and state or country)  
Sweden12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Johannes Carlson

## 13b. MOTHER'S MAIDEN NAME

Emma Jonasdaughter

## 14. NAME OF HUSBAND OR WIFE

Matilda E. Carlson

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address 4521 Liberty,

Mrs. Carl I. Carlson, K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

Coronary Occlusion  
Hypertension  
Anterior SclerosisINTERVAL BETWEEN  
ONSET AND DEATH

Immediate

Many Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

a.m.

p.m.

## Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 1947, to 11-21-62 and last saw her alive on 11-18-62.

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Type or print)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

(State)

Burial

Nov. 24, 1962

Mt. Moriah Cemetery

Kansas City, Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Freeman Mortuary, Kansas City, Mo.

11-23-62

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

B. Tasker

BY AFFIDAVIT OF

*Tr. Tarber*

*Trinity*

*11 A.M.*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *J. H. Freeman*

Licensed Embalmer No. 2939

P. O. Address *H. C. 440.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.